Texas Cancer Registry (TCR) Work Plan for Year 1 of Project Period 2017–2022 June 30, 2017 – June 29, 2018					
Goal 1: Maintain and enhance central cancer registry through public health surveillance, health systems change, and program monitoring and evaluation.					
Objectives	**Activities**	**Measures of Effectiveness**	**Data**	**Time Frame**	**Staff Responsible**
Objective 1— Legislative Authority: *Texas has a law authorizing a population-based central cancer registry; Texas has legislation/regulations supporting federal law authorizing NPCR.*	a) Monitor changes in NPCR cancer reporting requirements and standards. b) Seek legislative and/or rule changes as needed to meet current NPCR and/or federal law requirements c) Obtain management, stakeholder, and legislative input/ support/approval for changes.	1) Texas law authorizes population-based central cancer registry. 2) Texas legislation and rules support TCR compliance with all NPCR standards and federal law.	Texas Attorney General's Opinion that Texas law supports the NPCR federal law; *Texas Health and Safety Code/Texas Admin Code* with any necessary amendments	Ongoing ending 6/29/22	Branch Manager (BM) Core Business Operations (CBO)
Objective 2— Administration and Operations: *TCR hires or retains staff sufficient in number and expertise to manage, implement, and evaluate the central cancer registry, as well as use and disseminate the data.*	a) Maintain TCR staffing levels and fill vacancies. b) Retain/increase CTR or CTR-eligible Registry Operations (RO), eReporting/Training (ERT), and Quality Assurance (QA) staff. c) Retain/increase Epidemiology (EPI) staff with advanced degrees in public health, epidemiology, or a related field. d) Core staff fills roles of program director, project director, principal investigator, QA manager, and education and training coordinator.	1) ≥ 90% of TCR positions are filled. 2) ≥ 90% of RO/ERT/QA positions are filled; 100% of staff are CTRs/CTR-eligible. 3) ≥ 80% of EPI positions are filled; 100% of staff have advanced degrees in public health, epidemiology, or a related field. 4) Roles for program/project director, principal investigator, QA manager, and education/ training coordinator are filled and/or accounted for.	# CTRs/CTR-eligible staff and in which positions; # of EPI staff with advanced degrees; Org charts.	Ongoing ending 6/29/22	BM Registry Operations (RO) eReporting/ Training (ERT) Quality Assurance (QA) Epidemiology (EPI)

Objectives	Activities	Measures of Effectiveness	Data	Time	Staff
Objective 3—Administration and Operations: *TCR maintains an operations manual that describes registry operations, policies, and procedures; TCR has an abstracting and coding manual made available to and used by reporting sources that abstract and report cases; TCR has management reports that include processes and activities to monitor registry operations/database.*	a) Monitor changes in NPCR cancer reporting requirements and standards. b) Assess impact of any changes in NPCR requirements on operations, databases, policies, and procedures. c) Revise operations manual, management reports, and abstracting and coding manual (handbook) as needed. d) Disseminate changes to operations and coding/abstracting manuals to staff and/or reporting sources. e) Maintain and enhance management reports and dashboards to monitor registry operations and database.	1) Operations manual has all NPCR-required content. 2) Operations and abstracting/coding (handbook) manuals are updated at least annually. 3) Current operations manual, policies, and procedures are provided to TCR staff and reporting sources. 4) Management reports are maintained and updated at least annually. 5) Dashboards for monitoring key NPCR-required processes/ data quality standards are maintained and enhanced.	Tracking of changes made to operations, reporter abstracting/coding manuals, and management reports; # of abstracting/coding manuals disseminated; # of web views on reporter updates and manual web pages; # of reporters in email distribution lists; TCR Tableau Dashboards.	Ongoing ending 6/29/22	RO QA EPI
Objective 4—Administration and Operations: *TCR insures current data confidentiality, physical and electronic data security, disaster planning, and authorized data access/disclosure in every part of registry operations through*	a) Monitor ongoing compliance with HHSC, DSHS, and CDC policies and standards. b) Review and revise data confidentiality/security policies and procedures no less than annually. c) Disseminate changes to appropriate staff, reporting sources, and customers. d) Provide annual training to TCR staff on data confidentiality/ security policies and procedures. e) Monitor compliance with data	1) Data confidentiality, physical/ electronic data security, disaster planning, and data access/ disclosure policies and procedures are maintained, reviewed annually for accuracy, and revised as needed. 2) All TCR data security requirements comply with HHSC, DSHS, and CDC standards. 3) 100% of TCR staff receive	Tracking of changes made to national/ state policies and procedures; tracking of staff training; tracking of DSHS and NPCR confidentiality and data security requirements.	By Feb. of each grant year; Ongoing ending 6/29/22	CBO RO EPI QA

Objectives	Activities	Measures of Effectiveness	Data	Time	Staff
documented policies and procedures.	confidentiality/ security training policies.	annual training on data confidentiality and security.			
Objective 5— Data Collection, Content, and Format: *TCR collects and submits data for all reportable cancers and benign neoplasms according to CDC specifications/ requirements; TCR collects or derives all required data items using standard codes as prescribed by CDC.*	a) Collect and submit data for all reportable cancers and benign neoplasms. b) Conduct ongoing QA and compliance monitoring of standards and formats. c) Notify staff, reporters, and software vendors of reporting and/or coding changes. d) Update registry software, manuals, and training materials. e) Provide staff/ reporter training and technical assistance.	1) Data for all reportable cases, including at a minimum, primary site, histology, behavior, date of diagnosis, race and ethnicity, age at diagnosis, gender, stage at diagnosis, and first course of treatment are collected/submitted. 2) All required data items are collected/derived using standard codes as prescribed by CDC.	TCR Reportable List; TCR Data Sets Comparison; *TCR Cancer Reporting Handbook;* NPCR/ NAACCR edits reports confirming correct layout and coding.	Ongoing ending 6/29/22	QA RO Data Management (DM)
Objective 6— Data Collection, Content, and Format: *TCR collects data on patients diagnosed and/or receiving first course of treatment in Texas, regardless of residency; TCR uses a standardized, CDC-recommended data exchange format to transmit data to other central cancer registries and CDC.*	a) Collect data on non-resident cases diagnosed and/or receiving first course of treatment in Texas. b) Conduct ongoing QA and compliance monitoring of standards and formats. b) Monitor number/data quality of non-resident cases. b) Include out-of-state requirements for non-resident cases. c) Notify other states of cases for data exchange.	1) Non-resident cases diagnosed and/or receiving first course of treatment in Texas are collected. 2) 100% of data exchanged pass NPCR standard edits and inter-record edits at the time of exchange. 3) 100% of data transmitted to other states and CDC use standardized, CDC-recommended data exchange format.	# cases exchanged to states with current data exchange agreements.	Ongoing ending 6/29/22	QA RO DM

Objectives	Activities	Measures of Effectiveness	Data	Time	Staff
Objective 7— Data Collection, Content, and Format: *TCR performs case-finding and data collection for reporting facilities with <100 cases per year, consisting primarily of facilities in rural areas of Texas*	a) Identify reporters with < 100 cases per year (case-finding). b) Collect data from reporters with < 100 cases per year. b) Monitor TCR staff abstracting completeness, timeliness, and quality for these cases. c) Review data/edits reports. d) Provide reported data back to reporter upon request. e) Provide justification for direct collection of these data.	1) Completed abstracts are available for analysis within 6 months of case collection start. 2) At least 90% of abstracts are available for analysis within 12 months of admission or diagnosis date.	Management reports showing # of abstracts, timeliness, and errors by reporter, and TCR staff.	Ongoing ending 6/29/22	RO
Objective 8— Data Collection, Content, and Format: *TCR continues working with CDC on use of NPCR Registry Plus software, in order to facilitate meeting NPCR standards and maximize efficiencies in central registry operations.*	a) Conduct ongoing testing and evaluation of Registry Plus software. b) Maintain and improve TCR connectivity, speed, and productivity benchmarks. c) Share Registry Plus information, training, procedures, and reports with other NPCR registries. d) Identify opportunities to reduce manual work processes; apply and re-evaluate as necessary.	1) Registry Plus software are regularly maintained and updated. 2) Connectivity, speed, and productivity benchmarks are maintained and/or improved. 3) TCR participates in Registry Plus Users Groups (e.g., RPUG, eMaRC, Survivorship). 4) Identified opportunities to reduce manual work processes are assessed.	Management reports with system performance benchmarks; monitoring attendance at monthly RPUG meetings and document sharing.	Ongoing ending 6/29/22	QA RO DM EPI DSHS IT
Objective 9— Data Quality Assurance and Education: *TCR has an overall program of quality assurance that is defined in the registry*	a) Maintain designated CTR responsible for the quality assurance (QA) program. b) Conduct QA activities using qualified, experienced CTRs or CTR-eligible staff. c) Perform data consolidation procedures according to TCR	1) A designated CTR is responsible for QA program. 2) QA activities are conducted by qualified, experienced CTRs or CTR-eligible staff. 3) Data consolidation is performed according to	# CTRs on staff and in what positions; management reports showing: # audits completed; track changes to data quality	Ongoing Ending 6/29/22	QA RO DM EPI

Objectives	Activities	Measures of Effectiveness	Data	Time	Staff
operations manual and meets NPCR program standards.	protocol and nationally accepted abstracting and coding standards. d) Conduct case-finding and re-abstracting audits from a sample of source documents for EACH hospital-based reporting facility, over a 5-year period. e) Perform routine audits of a sample of consolidated cases. f) Provide feedback to reporting sources on data quality and completeness.	protocol/ standards. 4) Annually, 20% of hospitals receive a case-finding or re-abstracting audit, to ensure that 100% of hospitals are audited at least once over a 5-year period. 5) Routine audits of a sample of consolidated cases are performed by the TCR. 6) 100% of reporters receive QA feedback via submission reports, newsletter, or TCR staff communications.	procedures in operations manual; # newsletters published; feedback reports with edit errors/ unknown data for staff and reporters.		
Objective 10—Data Quality Assurance and Education: *TCR has an education and training program that is defined in the registry operations manual and meets NPCR program standards.*	a) Maintain designated education and training coordinator who is a qualified, experienced CTR. b) Train TCR staff and reporters to ensure high-quality data. c) Maintain Cancer Reporting Handbook (abstracting and coding manual), and regularly update and disseminate training materials. d) Develop training to address data quality issues for TCR staff and reporters as needed.	1) A designated CTR is responsible for education and training program. 2) Training is provided to TCR staff and reporters via workshops, webinars, and other electronic formats on the TCR website. 3) TCR regularly disseminates training materials and other updates/ changes of coding standards.	# reporters trained; # newsletters published; Cancer Reporting Handbook; TCR website.	Ongoing Ending 6/29/22	ERT
Objective 11—Data Submission: *TCR annually submits data files to the NPCR Cancer Surveillance System (CSS) that meet the reporting*	a) Review current NPCR CSS Submission Specifications, and criteria for publication in *USCS* and *Cancer in Five Continents*. b) Conduct necessary data processing to meet submission/ publication requirements.	1) Data file meets NPCR-prescribed data submission specifications and is submitted by NPCR submission deadline.	NPCR Acknowledgement of Data receipt; NPCR Data Submission Report; Publication in *USCS* and	Ongoing Ending 6/29/22	EPI QA

Objectives	Activities	Measures of Effectiveness	Data	Time	Staff
requirements and meet criteria for publication in United States Cancer Statistics (USCS), and in appropriate data submission years, are included in the Cancer in Five Continents publication.	c) Submit data annually to NPCR CSS according to requirements outlined in the NPCR CSS Submission Specifications document. c) Ensure data meet criteria/ standards for publication in *USCS*, and inclusion in the *Cancer in Five Continents* publication.	2) Submitted data file meets criteria for publication in *USCS*. 3) In appropriate data submission years, TCR data are included in the *Cancer in Five Continents* publication.	IACR's Cancer in Five Continents, data in other special data sets and reports.		
Objective 12— Data Submission: *TCR participates in all CDC-created and hosted analytic datasets and web-based data query systems, according to the annual NPCR CSS Data Release Policy.*	a) Review NPCR CSS Data Release Policy. b) Obtain internal approval to participate in data release activities. c) Submit data and release agreement according to NPCR CSS Data Release Policy.	1) TCR participates in all CDC-created analytic datasets. 2) TCR participates in all CDC-hosted web-based data query systems.	NPCR CSS Data Release Policy.	Ongoing Ending 6/29/22	BM
Objective 13— Data Use and Data Monitoring: *TCR produces preliminary pre-calculated data tables in an electronic data file or report of incidence rates, counts, or proportions for the diagnosis year by SEER site groups to monitor the top cancer*	a) Prioritize record processing by diagnosis year and SEER site groups. b) Produce preliminary electronic SEER*Stat incidence data file. c) Produce preliminary pre-calculated data tables of incidence rates, counts, and proportions for the diagnosis year by SEER site groups.	1) Preliminary SEER*Stat incidence data file is produced within 12 months of the end of the diagnosis year, with data that are 90% complete. 2) Preliminary cancer incidence data tables/reports by SEER site group are created to monitor of the top cancer sites within Texas.	Management completeness reports; electronic SEER*Stat weekly incidence file; tables/reports by SEER site group.	By end of Jan. each grant year; Ongoing Ending 6/29/22	EPI QA

Objectives	Activities	Measures of Effectiveness	Data	Time	Staff
sites in Texas, within 12 months of the end of the diagnosis year, with data that are 90% complete.					
Objective 14— Data Use and Data Monitoring: *TCR, in collaboration with local cancer control programs, produces electronic reports per NPCR Program Standards; as well as biennial reports with an emphasis on screening- amenable cancers and cancers associated with modifiable risk factors, within 24 months of the end of the diagnosis year, with data that are 95% complete.*	a) Prioritize record processing by diagnosis year and SEER site groups. b) Produce electronic SEER*Stat incidence data file. c) Produce electronic SEER*Stat mortality data file. d) Produce age-adjusted incidence rates, stage at diagnosis, and age-adjusted mortality rates for the diagnosis year using SEER site groups and, where applicable, stratifying by sex, race, ethnicity, and geographic area. e) Produce biennial reports providing data on stage and incidence by geographic area, with an emphasis on screening-amenable cancers and cancers associated with modifiable risk factors, such as tobacco, obesity, and (human papillomavirus) HPV.	1) SEER*Stat incidence and mortality files are produced within 24 months of the end of the diagnosis year, with data that are 95% complete. 2) In collaboration with local cancer control programs, produce electronic cancer incidence/mortality tables by diagnosis year, sex, SEER site group, and race/ethnicity. 3) Biennial reports emphasizing screening-amenable cancers and cancers associated with modifiable risk factors (e.g., tobacco, obesity, HPV) are produced.	Management completeness reports; electronic SEER*Stat files; tables/reports by SEER site group; weekly SEER*stat incidence file (for Tableau); number and types of biennial reports produced.	Ongoing Ending 6/29/22	EPI QA
Objective 15— Data Use and Data Monitoring: *TCR ensures annual use of cancer registry data for public health*	a) Track use of TCR data, via data requests, cluster investigations, and epidemiologic studies. b) Geocode 100% of Texas cases and make available for use.	1) TCR data use/ requests are tracked. 2) Texas cancer fact sheets are produced annually. 3) Childhood and adolescent cancer statistics/data tables	Management data use reports; SEER*Stat files are available; data request and health investigation logs;	Ongoing Ending 6/29/22	QA EPI CBO

Objectives	Activities	Measures of Effectiveness	Data	Time	Staff
and surveillance research purposes in at least 5 of the 7 NPCR-prescribed ways; TCR submits a success story to CDC at least annually detailing how registry data have been used to impact public health.	c) Produce various cancer statistics, data tables, and files. d) Disseminate statistics, data tables, and files on TCR website. e) Ensure TCR data are used in at least 5 of the 7 following ways: (1) Comprehensive cancer control; (2) Detailed Incidence/mortality data by stage and geographic area; (3) Collaboration with cancer screening programs for breast/ cervical cancer; (4) Health event investigations; (5) Needs assessment and program planning; (6) Program evaluation; (7) Epi studies. f) Submit success stories to CDC.	are produced annually. 4) Survival statistics/data tables are produced annually. 5) Expected cancer cases and deaths statistics/data tables are produced annually. 6) Prevalence estimates are produced annually. 7) Limited-use incidence file is produced annually. 8) Statistics/data tables/files are regularly disseminated/ updated on the TCR website. 9) TCR data are used annually in at least 5 of the 7 NPCR-prescribed ways. 10) Success Story submitted to CDC at least annually.	data linkages for passive follow-up and GIS; Data Dissemination Dashboard; CDC success story.		
Objective 16—Electronic Data Exchange: *TCR adopts and utilizes standardized, CDC-recommended data transmission formats for electronic data exchange, and promotes use of these formats by reporting sources; TCR uses a secure internet-based, FTP, https, or encrypted email*	a) Maintain use of standardized, CDC-recommended data transmission formats for the electronic exchange of cancer data b) Promote the use of CDC-recommended secure electronic data transmission formats by reporting sources that transmit data to the registry electronically. c) Monitor data submissions from reporting sources that transmit data to the registry electronically for the correct use of CDC-recommended data transmission formats.	1) Use of appropriate electronic formats is promoted on TCR website, newsletter articles, trainings, manuals, emails, and letters. 2) 100% of data are received and transmitted using standardized, CDC-recommended data transmission formats and secure mechanisms for electronic data exchange.	Communications promoting electronic data transmission formats; management reports: # and % of data received by reporting source in electronic/non-electronic formats, # and % rejected due to format, # and % of reports received through	Ongoing ending 6/29/22	RO QA DSHS IT

Objectives	Activities	Measures of Effectiveness	Data	Time	Staff
mechanism to receive electronic data from reporting sources.	d) Maintain use of a secure Internet-based, FTP, https, or encrypted e-mail mechanism to receive electronic data from reporting sources.		secure electronic methods.		
Objective 17—Electronic Data Exchange: *TCR annually increases the percent of reporting sources reporting electronically to meet standard by the end of the 5-year project period; TCR has a plan to implement mechanism for receiving and processing data from electronic medical records (EMRs) over 5-year project period and coordinates with CDC.*	a) Monitor reporter compliance with secure electronic reporting. b) Increase the percentage of hospitals reporting electronically every year to meet the standard of all hospitals reporting electronically by the end of the 5-year project period. c) Increase the percentage of non-hospital sources reporting electronically every year to meet the standard of at least 80% of these facilities reporting electronically by the end of the 5-year project period. d) Participate in CDC workgroups and activities planning for data receipt and processing from reporter EMR systems.	1) Percentage of hospitals reporting electronically increases annually to meet the standard of 100% reporting electronically. 2) Percentage of non-hospital sources reporting electronically increases annually to meet standard of 80% reporting electronically. 3) TCR regularly participates in CDC activities for planning/operationalizing EMR reporting, such as the NPCR Meaningful Use Workgroup, NAACCR Physician Reporting Workgroup, and various CDC/ EHR Vendor calls. 4) TCR annually submits the NPCR Hospital, Pathology Laboratory, and Physician Reporting Progress Report.	Percentage of hospital/non-hospital sources reporting electronically; tracking of CDC plans/ testing of EMR record receipt.	Ongoing ending 6/29/22	RO QA ERT DSHS IT
Objective 18—Linkages: *TCR links with Texas death files, National Death Index (NDI),*	a) Link with Texas death files at least every year and incorporate results on vital status and cause of death into the registry database.	1) Linkage with Texas death files is completed at least annually. 2) Linkage with NDI is completed annually.	Management reports on data linkage status, permissions, agreements, dates	Ongoing Ending 6/29/22	QA DM EPI

Objectives	Activities	Measures of Effectiveness	Data	Time	Staff
Texas breast and cervical cancer early detection program (BCCS), Indian Health Services (IHS), and other datasets as required and/or recommended by the CDC, to improve data quality, completeness, and utility of TCR data.	b) Link with NDI annually, and incorporate results on vital status and cause of death into database. c) Link with Texas BCCS at least once a year to identify potentially missed cases, reconcile differences between the two systems, and update appropriate data fields to capture post-linkage information. d) Link with IHS patient registration records annually. e) Conduct annual linkages with Texas hospital discharge and other claims data for case-finding/ completeness of required data items. f) Conduct annual linkages with SSDI, Census, voter registration, and LexisNexis® Accurint® to improve data completeness, quality, and use.	3) Linkage with BCCS is completed at least annually. 4) Linkage with IHS is completed annually. 5) Linkage with Texas hospital discharge data (THCIC) is completed annually. 6) Linkage with SSDI data is completed annually. 7) Linkage with Census data is completed annually. 8) Linkage with voter registration data is completed annually. 9) Linkage with LexisNexis® Accurint® data is completed annually.	and mechanisms of linkage, status of incorporating results into the TCR; current documentation, policies, procedures for data linkage, updating of TCR database, ensuring QA, and sharing of linkage results externally as permitted.		
Objective 19— Data Completeness, Timeliness, Quality: *TCR data that are evaluated for the National Data Quality Standard (24-Month Standard) meet data quality criteria for completeness, death certificate only (DCO) cases, unresolved duplicates, missing*	a) Monitor timeliness and quality of cases submitted. b) Maintain and enhance registry dashboards for monitoring key NPCR-required data quality standards and work processes. c) Prioritize record processing and consolidation by diagnosis year. d) Conduct death clearance, de-duplication, consolidation, follow-back, and data linkage to improve completeness and data quality.	1) Within 24 months of diagnosis year close, data are 95% complete, based on observed-to-expected cases as computed by CDC. 2) There are 3% or fewer DCO cases in the data. 3) There are 1 per 1,000 or fewer unresolved duplicates. 4) Data are ≤ 2% missing age, sex, county, and ≤ 3% missing race.	Management reports and dashboards showing: Completeness, % DCOs, unresolved duplicate rate; % missing for age/sex/county/ race, and edit summaries.	By end of Nov. each grant year; Ongoing ending 6/29/22	RO EPI QA

Objectives	Activities	Measures of Effectiveness	Data	Time	Staff
age/sex/race/county, and passing CDC-prescribed edits.	e) Use and maintain current CDC-prescribed set of standard edits. f) Monitor, resolve, and track errors for CDC-prescribed edits.	5) 99% of data pass a CDC-prescribed set of standard edits.			
Objective 20— Data Completeness, Timeliness, Quality: *TCR data that are evaluated for the Advanced National Data Quality Standard (12-Month Standard) meet data quality criteria for completeness, unresolved duplicates, missing age/sex/race/ county, and passing CDC-prescribed edits.*	a) Monitor timeliness and quality of cases submitted. b) Maintain and enhance registry dashboards for monitoring key NPCR-required data quality standards and work processes. c) Prioritize record processing and consolidation by diagnosis year. d) Conduct de-duplication, consolidation, follow-back, and data linkage to improve completeness and data quality. d) Use and maintain current CDC-prescribed set of standard edits. e) Monitor, resolve, and track errors for CDC-prescribed edits.	1) Within 12 months of diagnosis year close, data are 90% complete, based on observed-to-expected cases as computed by CDC. 2) There are 2 per 1,000 or fewer unresolved duplicates. 3) Data are ≤ 3% missing age, sex, county, and ≤ 5% missing race. 4) 97% of data pass a CDC-prescribed set of standard edits.	Management reports and dashboards showing: Completeness, unresolved duplicate rate; % missing for age/sex/county/ race, and edit summaries.	By end of Jan. each grant year; Ongoing ending 6/29/22	RO QA EPI
Objective 21— Data Completeness, Timeliness, Quality: *TCR achieves annual increases in case reporting by physicians in CDC-prescribed specialties to demonstrate continuing progress and improvement by the end of the 5-year project period.*	a) Identify physicians in targeted specialties. b) Use follow-back for path reports and death clearance certificates to identify new physician reporting sources/cases. c) Maintain and enhance TCR physician reporting dashboard. d) Maintain and enhance current physician reporting procedures. e) Develop new and/or additional physician reporting policies and procedures as needed.	1) Reporting by urologists, dermatologists, gastroenterologists, medical oncologists, radiation oncologists, and hematologists increases annually.	Physician reporting database; physician reporting dashboard; management reports indicating the # of physicians reporting by sub-specialty; policies and procedures for missed case linkage, physician reporting, tracking	Ongoing ending 6/29/22	ERT EPI QA

Objectives	Activities	Measures of Effectiveness	Data	Time	Staff
Physician reporting will occur for cases not already reported to the TCR by a health care facility, as required by state law.	f) Work with medical associations to provide awareness, buy-in, and training for cancer case reporting by physicians to the TCR.		and compliance monitoring.		
Objective 22— Data Completeness, Timeliness, Quality: *TCR participates in the National Interstate Data Exchange Agreement to the extent possible, and exchanges data with all bordering central cancer registries and other central registries most likely to yield missed cases.*	a) Maintain National Interstate Data Exchange Agreement. b) Collect non-resident cases diagnosed and/or receiving first course treatment in Texas. c) Exchange data at least twice a year with all bordering registries and other registries most likely to yield missed cases, within 12 months of diagnosis year close. d) Ensure the data exchanged includes all cases not exchanged previously, all CDC-required data items, and 99% pass a CDC-prescribed set of standard edits. e) Develop exchange calendar, and track records sent and received.	1) TCR participates in the National Interstate Data Exchange Agreement to the extent possible. 2) Data exchange occurs at least twice a year, within 12 months of the close of the diagnosis year. 3) Data exchanged includes all cases not exchanged previously and all CDC-required data items. 4) 99% of data exchanged pass a CDC-prescribed set of standard edits.	Management reports indicating status of data exchange agreement by registry, dates and mechanisms of exchange, timeliness of data; policies and procedures for data item and format review prior to exchange; and edit reports.	Ongoing Ending 6/29/22	RO DM EPI QA
Goal 2: Collaborate with cancer control programs and external partners to implement and support cancer prevention and control priorities and activities.					
Objectives	**Activities**	**Measures of Effectiveness**	**Data**	**Time Frame**	**Staff Responsible**
Objective 1— Program Collaboration: *TCR supports collaboration across*	a) Actively collaborate in the state's comprehensive cancer control planning efforts. b) Establish working relationships with other cancer prevention and	1) TCR participates in the Cancer Alliance of Texas (CAT), Breast and Cervical Cancer Services (BCCS), and Tobacco Epidemiology	Minutes/ attendance from CAT, BCCS, and DSHS Internal	Ongoing Ending 6/29/22	BM CBO

Objectives	Activities	Measures of Effectiveness	Data	Time	Staff
CDC-funded cancer prevention and control programs and other chronic disease programs.	control programs, including screening and tobacco programs, to assess and implement cancer control activities. c) Provide data and technical assistance to assess, implement, & evaluate cancer control activities.	Work Group meetings and committees. 2) TCR regularly meets and/or communicates with Texas Comprehensive Control Program (TCCCP), BCCS, and Tobacco Prevention and Control staff.	Comprehensive Cancer meetings.		
Objective 2— External Partnerships: *TCR convenes, supports, and sustains partnerships and networks necessary to support implementation of cancer program priorities and activities.*	a) Establish and regularly convene an advisory committee to: • build consensus, cooperation, and planning for the registry; • enhance registry coordination and collaboration with other cancer control and chronic disease programs; • improve TCR data and its use for prevention and control of cancer and other chronic diseases. b) Use the advisory committee to develop and refine quality improvement initiatives. c) Establish and promote greater awareness and use of TCR data.	1) Advisory Committee membership includes representation by key organizations and individuals as prescribed by NPCR program standards. 2) Advisory committee meets at least twice per year. 3) Stakeholders are provided with information that promotes understanding and support of TCR activities. 4) Stakeholder input and/or recommendations are considered in implementing TCR activities and policies.	Advisory committee membership roster; meeting materials and minutes.	Ongoing Ending 6/29/22	BM CBO
Objective 3— Community Level Interventions and Patient Support: *TCR disseminates surveillance data with cancer control programs, and other organizations/*	a) Consult advisory committee on data dissemination activities. b) Identify projects and interventions that would most benefit from use of TCR data. c) Develop a data dissemination plan to support community-level and patient support interventions.	1) Advisory committee recommended list of projects/ interventions is compiled annually. 2) TCR Data Dissemination Plan is completed annually. 3) TCR presents Data Dissemination Plan during its annual update to the CAT.	Data request log; data dissemination dashboard, TCR Data Dissemination Plan.	Ongoing Ending 6/29/22	BM CBO EPI

Objectives	Activities	Measures of Effectiveness	Data	Time	Staff
agencies as identified by advisory committee, to support community-level and patient support interventions.	d) Promote use of TCR data to cancer control programs and other organizations in support of community-level and patient support interventions.				